FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90216 038 ****61.25

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DOCUMENT # 765538

1. Corporation Name

FLORIDA HOUSING COALITION, INC.

508576 - 90216 - 38

Principal Place of Business	Mailing Address
1367 E LAFAYETTE ST #C TALLAHASSEE FL 32301 US	1367 E LAFAYETTE ST #C TALLAHASSEE FL 32301 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 10/25/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2235835 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HARTSON, MICHELE
1367 E LAFAYETTE ST #C
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Tracy D. Suber
82 Street Address (P.O. Box Number is Not Acceptable): 1367 E Lafayette St, Suite C
83
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] Tracy D. Suber Executive Director 4/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	HENDRICKSON, MARK		1.2 NAME	Hendrickson, Mark	
STREET ADDRESS	1404 ALBAN AVENUE		1.3 STREET ADDRESS	1404 Alban Avenue	
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	PD	☒ DELETE	2.1 TITLE	SD	☐ Change ☒ Addition
NAME	HORVATH, DAN		2.2 NAME	Philpot, Melvin	
STREET ADDRESS	302 N. BARCELONA ST.		2.3 STREET ADDRESS	3300 University Blvd., Suite 158	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Winter Park, FL 33792	
TITLE	VD	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	SORGE, MARY		3.2 NAME	Sorge, Mary	
STREET ADDRESS	50 N LAURA ST, 9TH FL		3.3 STREET ADDRESS	50 N. Laura St, 9th FL	
CITY-ST-ZIP	JACKSONVILLE FL 32204		3.4. CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	SD	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	GUS DOMINGUEZ		4. 2 NAME	Schwartz, Gregg	
STREET ADDRESS	1460 BRICKELL AVE #309		4.3 STREET ADDRESS	2139 NE Coachman Rd.	
CITY-ST-ZIP	MIAMI FL 33131		4.4 CITY-ST-ZIP	Clearwater, FL 33765	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Mark Hendrickson 4-29-99 850.878.4219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #